AFFIDAVIT OF ELIGIBILITY AND RELEASE

State of)
) ss.:
County o)

I, _____, being duly sworn, depose and say that:

that I am a smoker at least 21 years of age,

In connection with my entry in the MALBORO GEAR SWEEPSTAKES and to satisfy the eligibility requirements, I hereby certify that I am a U.S. resident and that neither I nor any relative of mine is employed by Philip Morris, its affiliates, subsidiaries, advertising agencies, DON JAGODA ASSOCIATES, INC., or NATIONAL JUDGING INSTITUTE, INC., and hereby certify to the following data:

HOME ADDRESS_____
(Please Print) Street Address City State Zip Code

DATE OF BIRTH ~~AGE~~_____ (REQ'D) MARITAL STATUS_____ SOCIAL SECURITY NUMBER_____

OCCUPATION_____ EMPLOYER AND ADDRESS_____

_____

_____

HOME PHONE_____ BUS. PHONE _____
(area code) (area code)

In the event I am judged a winner:

1. I hereby agree that Philip Morris, its affiliates, subsidiaries, advertising agencies, DON JAGODA ASSOCIATES, INC., and NATIONAL JUDGING INSTITUTE, INC., shall have without further obligation to me, the right to use my name and photograph in connection with the publicity and advertising and promotional activities of the MALBORO GEAR SWEEPSTAKES.

2. I acknowledge that my entry may automatically be disqualified if this affidavit is not received by _____, 1995 .

3. I understand that all Federal, State and other taxes and charges on the prize I may win will be my sole responsibility. APPROX VALUE $620.00 .

4. I hereby release and hold harmless Philip Morris, its affiliates, subsidiaries, advertising agencies, DON JAGODA ASSOCIATES, INC., and NATIONAL JUDGING INSTITUTE, INC., from all liabilities, losses, damages and expenses including attorneys' fees, which I may suffer or incur in connection with any claim, action, or proceedings or in any manner related to the sweepstakes, other than to provide me with the prize I may win.

5. Please indicate size preferred next to each item.
T-shirt____ Coat____ Sweatshirt____ Boot____ Jacket____

6. I understand that if I make any false statements herein, I will automatically be disqualified.

2041136070

Sworn to before me this

____ day of _____, 19____

_____
NOTARY PUBLIC

_____
NAME ~~(Please Sign)~~ Signature Required

Return this affidavit to:
NATIONAL JUDGING INSTITUTE, INC.
100 Marcus Dr. (Dept.LG)
Melville, NY 11747

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